

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013548

FILED MAY 1 1959

Registration District No.

149

Primary Registration District No.

1002

STATE FILE NUMBER

1842

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give address) HOSPITAL OR INSTITUTION <u>Home for Aged Jewish</u>				Length of stay in 1b <u>68 Yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>7801 Holmes</u>	
3. NAME OF DECEASED (Type or print) First <u>RAE</u> Middle <u>SILVERMAN</u> Last <u>SILVERMAN</u>				4. DATE OF DEATH Month <u>4</u> Day <u>11</u> Year <u>59</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>APPROX.</u>	
9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u> Hours <u>59</u>		11. IF UNDER 24 HRS Min.		12. IF UNDER 24 HRS Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Russia</u> <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis Davis</u>				13b. MOTHER'S MAIDEN NAME <u>Ann</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Silverman</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>496-24-1264A</u>		17. INFORMANT <u>Hy Silverman</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Multiple Pulmonary Infarcts</u>				<u>6 wks</u>			
DUE TO (c) <u>Auricular fibrillation</u>				<u>4 yrs</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Left Hemiplegia</u>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>4</u> a.m. <u>12</u> p.m.				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY <u>Jackson</u> STATE <u>Missouri</u>			
21. I attended the deceased from <u>Oct 1958</u> to <u>4-11-59</u> and last saw her alive on <u>4-10-59</u> Death occurred at <u>2:00 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <u>B. Marcus Heller, M.D.</u>			
22b. ADDRESS <u>409 E. 63rd</u>				22c. DATE SIGNED <u>4-12-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Apr. 12 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sheffield Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
24. FUNERAL DIRECTOR <u>J.P. Louis Funeral Home K.C. Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>4.12.59</u>		26. REGISTRAR'S SIGNATURE <u>Neve Marshall</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. Marcus Heller

ALL CAUSES OF DEATH MUST BE CAUSALLY RELATED.



### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....

*Kerry Ruffington*

Licensed Embalmer No. *2257*

P. O. Address *H.C. No.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.